

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 27 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)James V. Hatem		
II. Name of lobbyist'	s partnership, firm or corporation, if	any:	
Nixon Pea	body LLP		
(Nar	ne of partnership, firm or corporation)		
900 Elm	Street Manchester	NH	03101
Business Address: (St	reet) (Town/City)	(State)	(Zip Code)
(603) <u>628-4062</u>	(866) 947-0952		n@nixonpeabody.com
(Telephone)	(Fa	x)	
reportable expense t	overs: (Choose one – file separate reportants of the remaining of the reportant of the repo	to any one client).	
		and repairing and remained	a the tone wing enem.
	(Full Name of Client as it appears on the I	obbyist Registration Form)	
<u>OR</u>			
☐ All reportable transunrelated to any partic	sactions by the lobbyist (including the localization) to the localization of the local	bbyist's family), or the lobb	ying firm listed below which a
IV. Date of Report	April 25, 2018 🖺	July 25, 2018 🗌	
Reports cover: activ	ity from date of registration to 3/31/18	activity from 4/1/18 to 6/3	
	October 31, 2018	January 30, 2019 activity from 10/1/18 to 1.	
	no fees received and no reportable complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it to the complete just this form and submit it it to the complete just this form and submit it it is the complete just this form and submit it is the complete just this form and submit it is the complete just th		
VI Chack if addition	al reports are attached:		
	ed fees or made expenditures, you must	file Addendum A Fees an	d Evnences
	n honorarium or reimbursed expenses, y		·
•	or your family has made political contri	butions, you must file Adde	ndum C- Political Contributio
I have read RSA 15, R and complete to the be	Firmation by Lobbyist SA 15-B, RSA 14-C and RSA 664 and est of my knowledge and belief.	hereby swear or affirm that t	
James V. Haten			
(Print Name of lobbyi	st)		

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

Nixon Peabody (Name of part	tnership, firm or corporation)		
	. ,		Data
II. Name of Client			Date
Political Contributions			
			ter 664 paid on behalf of the
client/lobbyist and lobbyir	ng firm, indicate the to	nowing:	
Full name of candidate: _	David	Watters (First Name)	(Middle Name/Initial)
	(Last Name)	(First Name)	
Amount of contribution \$	100.00	Office Candidate is	s Seeking State Senate
Full name of candidate: _	Soucy	Donna	
Full name of candidate:	Soucy (Last Name)	(First Name)	(Middle Name/Initial)
_		(First Name)	(Middle Name/Initial) s Seeking State Senate
Amount of contribution \$ If the contribution is an in-kactual cost of the in-kind cor	(Last Name) 100.00 ind contribution, provide on the line abo	(First Name) Office Candidate is a description of the good	
Amount of contribution \$ If the contribution is an in-k actual cost of the in-kind core enter an estimated value and	(Last Name) 100.00 ind contribution, provide on the line abo	(First Name) Office Candidate is a description of the good	s Seeking State Senate ds or services provided, and enter the
Full name of candidate: _ Amount of contribution \$ _ If the contribution is an in-k actual cost of the in-kind cor enter an estimated value and Full name of candidate: _	(Last Name) 100.00 ind contribution, provide on the line abo	(First Name) Office Candidate is a description of the good	s Seeking State Senate ds or services provided, and enter the

(If more than three contributions we	ere made, report additional contr	ibutions on separate addendum C forms.)
Sworn Statement/Affirmati	ion by Lobbyist	
I have read RSA 15, RSA 15- is true and complete to the be		by swear or affirm that the foregoing informational elief.
\bigcirc	•	April 25- 2018
(Signature of lobbyist)	70	